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BIBDATASHEET**CONFIRMATION NO. 6572**

Bib Data Sheet

SERIAL NUMBER 10/824,495	FILING DATE 04/15/2004 RULE	CLASS 312	GROUP ART UNIT 3637	ATTORNEY DOCKET NO. KREIS0006
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APPLICANTS

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** CONTINUING DATA ***** *None*

** FOREIGN APPLICATIONS *****

EUROPEAN PATENT OFFICE (EPO) 03008693.8 04/16/2003 ✓ *John*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 06/24/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 3	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 1
Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>John</i> Initials				

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TITLE

Medicine chest

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